MAR 1 9 2007

₺ 002/009

REQUEST FOR CONTINUED EXAMINATION (RCE) **TRANSMITTAL**

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued exemination of an utility or plant application filed on or after June 5, 1995. See The American Inventors Protection Act of 1999 (AIPA).

Application Number	10/680,426
Filing Date*	October 8, 2003
First Named Inventor	Joe D. Brown
Group Art Unit	3735
Examiner Name	A. Farah
Attorney Docket No.	BROW3007/BEU
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This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. NOTE: * Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

- 1. Please consider the following as the required submission under 37 C.F.R. §1.114:
 - The Amendment/Reply filed on (date): FILED CONCURRENTLY HEREWITH
 - The Information Disclosure Statement (IDS) filed on (date):
 - The arguments in the Brief/Reply Brief filed on (date):
 - The ___ page(s) of Form PTO-1449 and copy of each listed document filed (date):
 - 11 Other:
- A 3- month Petition for Extension of Time is filed herewith. 竣 2.
- The Commissioner is authorized to credit any overpayment and charge any deficiency in any N 3. fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200.
- __ is submitted herewith. A check in the amount of \$___ 0 4.
- This Request is transmitted by facsimile to number (571) 273-8300.
- IJ 6. Other:

THE RCE FEE IS CALCULATED AS FOLLOWS: Basic Fee:			Basic Fee:	\$790.00
1-1	(highest number previously pa	× \$50 =		
1.	(highest number previously pa	X \$200 =		
Correspondence Address: 23364			Multiple Dependent Claim (add \$360 00):	
			Subtotal:	
Customer Number		50% Reduction if Small Entity Status:		\$395.00
Phone: 703-683-0500 Fax: 703-683-1080			TO lai	
	Name:	Signature:		Reg. No.
	Benjamin E. Urcia	R		33,805
	23 Custome	- (highest number previously page 23364 Customer Number Pax: 703-683-1080 Name:	- (highest number previously paid for) = - (highest number previously paid for) = 23364 Customer Number 50% Reduction Name: Sign: Benjamin E. Urcia	- (highest number previously paid for) = X \$50 = - (highest number previously paid for) = X \$200 = - (highest number previously paid for) = X \$200 = Multiple Dependent Claim (add \$380 00): 23364 Customer Number 50% Reduction if Smill Entity Status: Total Name: Signature:

RCE -12-0-04 wpd

(03Dec04)